

Go To: <http://ag.ca.gov/fingerprints/publications/contact.htm>

- Double click on the

ATTACHMENT B

Instructions for Request for Live Scan Service Form

County you live in
- Find a Live Scan Location near to you - Always call ahead!

All areas indicated on the form must be filled in with the information noted below. Please type or print information clearly. **THEN TAKE THE ORIGINAL AND TWO COPIES OF THE COMPLETED FORM TO THE LIVE SCAN AGENCY WHEN YOU HAVE YOUR FINGERPRINTS DONE.**

ORI

The ORI number for the CSMR is A1822.

Type of Application

List "other emp."

Job Title or Type of License, Certification or Permit:

List "volunteer"

Mail Code

The five digit mail code assigned by the DOJ is 06319.

Agency Address Set Contributing Agency.

List "ST of CA Military Dept. Youth Programs
10620 Mather Blvd., Mather, CA 95655"

Contact Name

List "Vicky Johns"

Name of Applicant

Indicate complete name. Last Name, First Name and Middle Initial

Contact Telephone Number

(916)361-4322

Date of Birth

Indicate month-day-year of birth.

Alias

Indicate other names used (i.e., nickname, maiden name and/or alias name(s)).

Sex

Check either Male or Female

Driver's License No.

Indicate your California Driver's License Number

Height

Indicate your height in feet and inches

Misc. No. BIL

List "143434" for the agency billing number.

Weight

Indicate your weight in pounds

Misc. No.

Leave this section blank.

Eye Color

Indicate eye color.

Social Security No.

Indicate your Social Security Number

Hair Color

Indicate hair color

Your Number

List "CSMR"

Place of Birth

Indicate the state or country of birth.

Level of Service

Check the both the DOJ and FBI boxes

Employer

Leave this section blank.

Live Scan Transaction Completed By

To be filled out by the Live Scan Operator

Verify that the Live Scan Operator has entered all information in the section at the bottom portion of the form, including the ATI No. After the 3 copies of the form are completely filled out, send 1 copy as soon as possible to SFC Joyce Stinnett by fax (916-854-3848) or E-mail (joyce.b.stinnett@u.s.army.mil).

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant SubmissionORI: A1822 Type of Application: OTHER EMP

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: VOLUNTEER

Agency Address Set Contributing Agency:

ST OF CA MILITARY DEPT YOUTH PROGRAMS

Agency authorized to receive criminal history information

06319

Mail Code (five-digit code assigned by DOJ)

10620 MATHER BLVD

Street No Street or PO Box

VICKY JOHNS

Contact Name (Mandatory for all school submissions)

MATHERCA95655

City

State

Zip Code

(916) 361-4322

Contact Telephone No

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No: _____

Date of Birth: _____ Sex: ☐ Male ☐ FemaleMisc No BIL - 143434

Agency Billing Number

Height: _____ Weight: _____

Misc. Number: _____

Home Address:

Eye Color: _____ Hair Color: _____

Street No

Street or PO Box

Place of Birth: _____

City, State and Zip Code

Social Security Number: _____

Your Number: CSMR

OCA No (Agency Identifying No)

Level of Service: ☒ DOJ ☒ FBI

If resubmission, list Original ATI

Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No

Street or PO Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

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Agency Telephone No (optional)

Live Scan Transaction Completed By: _____

Name of Operator

Date

Transmitting Agency

ATI No

Amount Collected/Billed